

| CLAIMS ONLY  |          |      |                        |      |                        |      | SERIAL NO.<br><b>09850363</b> | FILING DATE<br><b>05/10/01</b> |
|--------------|----------|------|------------------------|------|------------------------|------|-------------------------------|--------------------------------|
|              |          |      |                        |      |                        |      | APPLICANT(S)                  |                                |
| CLAIMS       |          |      |                        |      |                        |      |                               |                                |
|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |                               |                                |
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. | *                             | *                              |
| 1            |          |      |                        |      |                        |      |                               |                                |
| 2            |          |      |                        |      |                        |      |                               |                                |
| 3            |          |      |                        |      |                        |      |                               |                                |
| 4            |          |      |                        |      |                        |      |                               |                                |
| 5            |          |      |                        |      |                        |      |                               |                                |
| 6            |          |      |                        |      |                        |      |                               |                                |
| 7            |          |      |                        |      |                        |      |                               |                                |
| 8            |          |      |                        |      |                        |      |                               |                                |
| 9            |          |      |                        |      |                        |      |                               |                                |
| 10           |          |      |                        |      |                        |      |                               |                                |
| 11           |          |      |                        |      |                        |      |                               |                                |
| 12           |          |      |                        |      |                        |      |                               |                                |
| 13           |          |      |                        |      |                        |      |                               |                                |
| 14           |          |      |                        |      |                        |      |                               |                                |
| 15           |          |      |                        |      |                        |      |                               |                                |
| 16           |          |      |                        |      |                        |      |                               |                                |
| 17           |          |      |                        |      |                        |      |                               |                                |
| 18           |          |      |                        |      |                        |      |                               |                                |
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| 20           |          |      |                        |      |                        |      |                               |                                |
| 21           |          |      |                        |      |                        |      |                               |                                |
| 22           |          |      |                        |      |                        |      |                               |                                |
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| 27           |          |      |                        |      |                        |      |                               |                                |
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| 39           |          |      |                        |      |                        |      |                               |                                |
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| 49           |          |      |                        |      |                        |      |                               |                                |
| 50           |          |      |                        |      |                        |      |                               |                                |
| TOTAL IND.   |          |      |                        |      |                        |      |                               |                                |
| TOTAL DEP.   |          |      |                        |      |                        |      |                               |                                |
| TOTAL CLAIMS |          |      |                        |      |                        |      |                               |                                |

  

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| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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